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- 1. Transmitted is a complete revision to the Department of Veterans Affairs, Veterans Health Administration, Manual M-2, "Clinical Affairs," Part VII, "Pharmacy Service," Chapter 1, "General Requirements." Brackets have not been used to indicate changes.
  - 2. Principal changes are:
  - a. Paragraph 1.01: Defines VA policy.
- b. Paragraph 1.05b: Emphasizes limited access to Pharmacy for security purposes.
- c. Paragraph 1.05c: Requires that local policies and procedures be written to address access to Pharmacy by non-pharmacy employees.
  - 3. Filing Instructions

Remove pages	Insert pages
iii through iv 1-i	iii through iv 1-i through 1-ii
1-1 through 1-3	1-1 through 1-3

4. RESCISSION: VHA manual M-2, part VII, chapter 1, dated March 28, 1991.

James W. Holsinger, Jr., M.D. Under Secretary for Health

Distribution: RPC: 1341 is assigned

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The following material is rescinded:

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- M-2, part VII, dated May 10, 1955, and changes 1 through 25 M-2, part VII, dated December 5, 1977, and changes 1 through 8 M-2, part VII, chapter 1, dated March 28, 1991
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RESCISSIONS

The following material is rescinded:

# 1. Manuals

M-2, part VII, chapter 1, dated March 28, 1991.

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### CHAPTER 1. GENERAL REQUIREMENTS

#### 1.01 POLICY

It is VA (Department of Veterans Affairs) policy for each health care facility pharmacy (medical center, outpatient clinic, domiciliary, nursing home care unit, Drug Dependency Treatment Center, etc.) to provide the appropriate staff, space, equipment, fixtures, and other resources to meet JCAHO (Joint Commission on Accreditation of Healthcare Organizations) and VA manual requirements necessary to provide quality and timely services for optimum patient care delivery.

#### 1.02 GENERAL

Pharmacy Service, as an essential component of health care delivery in VA (Department of Veterans Affairs), is charged with the provision of patient oriented pharmaceutical services. The pharmacist's contribution is a thorough knowledge of drugs and their actions. Pharmacy Service programs encompass:

- a. Administrative Services. Administrative services are responsible for:
- (1) Planning, organizing, and directing pharmacy programs.
- (2) Providing administrative support to all sections of the pharmacy and to top management.
- (3) Interacting with medical center management on all pharmacy concerns, including fiscal and quality of care itself.
- b. Professional and/or Clinical Services. Professional and/or clinical services are responsible for the provision of drug information for all who utilize, prescribe, dispense, and administer drugs.
- c. Distributive Services. Distributive services are responsible for the provision of outpatient and inpatient pharmaceutical services and products. This includes ordering, dispensing, and maintaining proper records of all pharmaceuticals, including controlled substances and investigational drugs.
- d. Specialty Pharmacy Services. Includes those services not defined in subparagraphs a through c such as radiopharmacy, research pharmacy, etc.

### 1.03 AVAILABILITY OF PHARMACY SERVICES

Pharmacy services provided should be sufficient to meet the needs of the patient and health care staff:

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a. Where pharmacy services are not provided 24-hours a day, 7-days a week, the chief pharmacist will be responsible for developing and maintaining an on-call duty roster to meet the needs of medical center patients during off hours. Entrance to the pharmacy by other than pharmacy personnel will be permitted only in emergencies and with strict controls.

b. Outpatient pharmacy hours should be sufficient to support normal clinic hours of operation. When not open for normal operation, back-up services must be provided for emergency prescription requests.

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All pharmacies should be adequately staffed for the size and scope of services of the facility. All positions will be assigned to and under the supervision of the Chief, Pharmacy Service.

- (1) Professional and/or Clinical. All pharmacies will be staffed with a Chief, Pharmacy Service, who is responsible for the overall operation of the service. In the Chief's absence, a licensed pharmacist will be designated to act as Chief, Pharmacy Service. Other licensed pharmacists will be provided for supervision and for the performance of all professional functions.
- (a) Current licensure in a State, territory of the United States, or the District of Columbia, will be maintained by all licensed pharmacists. It is the responsibility of a pharmacist, whether seeking employment or already employed by VA, to inform the appropriate personnel if any license granted by a State, territory of the United States, or the District of Columbia has been suspended or revoked. The pharmacists shall immediately inform the appropriate VA personnel as to when the license was revoked/suspended and the reason(s) why.
- (b) Verification of current licensure will be completed annually by the Chief, Human Resource Management Service.
- (c) The pharmacist's license and current renewal must be displayed or readily available.
- (2) Technical. All pharmacies should be adequately staffed by support personnel to assume many of the routine non-professional duties associated with the delivery of pharmacy services. Support personnel should be defined and properly classified. Duties performed by support personnel will be under the supervision of a pharmacist.
- (3) Administrative. All pharmacies should be adequately staffed with administrative support personnel (secretary, clerk typist, receptionist, etc.) to perform those duties of a clerical nature and not of a professional or technical nature. In order to carry out the necessary administrative functions of the office of the Chief, a full-time secretary position should be provided the Chief of Pharmacy Service.

#### 1.05 SECURITY

a. Physical security of the pharmacy will be in accordance with current security regulations as defined in VHA (Veterans Health Administration) Supplement, MP-1, part I, Chapter 2, "Investigation, Security, and Law Enforcement Policy."

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- b. For internal security purposes, issuance of door keys, security cards or combinations to pharmacy personnel will be kept to a minimum number of employees as determined by the Chief, Pharmacy Service.
- (1) Strict accountability of security access must be maintained, and documented, and keys, cards, and combinations must be changed when employees with security access cease to be employed by Pharmacy Service.
- (2) Security cards or combinations for controlled drug vaults and safes will likewise be limited to those individuals requiring access, and will be changed in accordance with VHA Supplement, MP-1, part I, chapter 2.

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(3) If vaults have day gates, the day gate to the vault must be closed and locked when the vault door is open.

NOTE: Local Pharmacy Service policy and procedures manual will address security issue.

- c. Access doors to Pharmacy Service will be secured at all times, and access to pharmacy by non-pharmacy employees will be tightly controlled by the chief pharmacist or a supervisory designee. Local policies and procedures will be written to address access to Pharmacy by non-pharmacy employees.
- d. Issuance of security cards and keys will be tightly controlled and kept on file in the pharmacy. Keys designated to the pharmacies are special keys, not mastered to the facility grandmaster, and replaceable only at the request of the chief pharmacist.

### 1.06 SPACE

In keeping with the mission of the VA facility, space should be provided for the administrative, professional/clinical, distributive, and other specialty pharmacy activities as outlined in the Office of Facilities Handbook H-08-9, Chapter 268, "Planning Criteria for VA Facilities."